

UNITED STATES BANKRUPTCY COURT		PROOF OF CLAIM	
BOISE District of SOUTHERN IDAHO		Chapter 13	
		Proof of Claim Form and Supporting Documents are to be filed in DUPLICATE on Chapter 12 and 13 cases.	
In RE: (Name of Debtor) WOODS, JANICE ELAINE  (Name of Assoc Debtor)		Case Number: 9900276	
NAME AND MAILING ADDRESS OF CREDITOR (The person or other entity to whom the debtor owes money or property):  Idaho State Tax Commission P.O. Box 36 Boise, Idaho 83722		NOTE: This form should not be used to make a claim for an Administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 USC 503.	
ACCOUNT OR OTHER NUMBER BY WHICH CREDITOR IDENTIFIES DEBTOR SSN/EIN 568602202 A/TIN		This claim a previously filed claim dated: / /	
1. BASIS FOR CLAIM: Taxes			
2. DATE DEBT WAS INCURRED: TAX PERIOD(S): See Attached Documents		3. IF COURT JUDGMENT, DATE OBTAINED:	
4. CLASSIFICATION OF CLAIM. Under the Bankruptcy Code, all claims are classified as one or more of the following: a. Secured b. Unsecured Nonpriority c. Unsecured Priority It is possible for part of a claim to be in one category and part in another. COMPLETE THE APPROPRIATE BOX (or boxes) that best describes your claim and STATE THE AMOUNT OF THE CLAIM AT THE TIME THE CASE WAS FILED.			
SECURED CLAIM: \$0.00 Attach evidence of perfection of security interest Brief description of Collateral: Taxes  Amount of Arrearage and other charges at time case was filed included in secured claim above, if any:		UNSECURED PRIORITY CLAIM: \$685.26  SPECIFY THE PRIORITY OF THE CLAIM: Taxes	
UNSECURED CLAIM: \$0.00 A claim is unsecured if there is not collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.			
5. TOTAL AMOUNT OF CLAIMS AT TIME CASE FILED: UNSECURED: \$0.00 SECURED: \$0.00 PRIORITY: \$685.26 TOTAL: \$685.26 <input checked="" type="checkbox"/> Check if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges.			
6. CREDITS AND OFFSETS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to the debtor.  Refund due: \$0.00		THIS SPACE IS FOR COURT USE ONLY	
7. SUPPORTING DOCUMENTS: ATTACH COPIES OF SUPPORTING DOCUMENTS.			
Date:  March 08, 1999	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim.  <i>Carolyn Kaas</i> CAROLYN KAAS Bankruptcy Department Telephone: (208)334- 7645		